



July 30, 2013

Document Processing Desk 6(a)(2)
Office of Pesticide Programs – 7504P
U.S. Environmental Protection Agency
Ariel Ross Building
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460-0001

RE: Section 6(a)(2) June Incident Filing

Dear 6(a)(2) Administrator:

On behalf of Reckitt Benckiser, Scientific & Regulatory Consultants, Inc. (SRC) is submitting the enclosed documents containing alleged adverse effect incidents for products listed below. SafetyCall is a primary gathering source for incidents, though internal reports for calls/correspondence received directly at Reckitt Benckiser are also included. SRC is acting on Reckitt Benckiser's behalf by assisting them in registration actions and their reporting requirements in accordance with FIFRA section 6(a)(2).

The EPA Registration Numbers with adverse effect incidents for this filing are:

- 777-81
- 777-114
- 777-89
- 3282-81

These incidents are being reported in compliance with 40 CFR § 159.184 and have been assigned the H-C severity classification. If additional information is needed, please feel free to contact us by e-mail (bmacdonald@srcconsultants.com or akline@srcconsultants.com) or by phone at 260-244-6270.

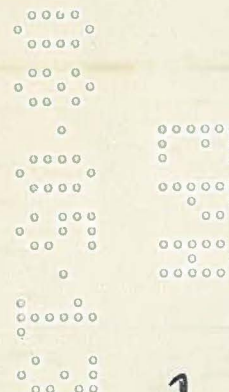
Sincerely,

A handwritten signature in black ink, appearing to read 'Bob MacDonald'.

Bob MacDonald
Consultant (SRC)
Agent for Reckitt Benckiser

A handwritten signature in black ink, appearing to read 'Ann M. Kline'.

Ann M. Kline
Consultant (SRC)
Agent for Reckitt Benckiser



Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

- 004

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1183572-1
	Address [REDACTED] Brooklyn, NY 11230 USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Brooklyn, NY USA 02/10/2013	Date registrant became aware of incident. 06/10/2013	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 3282-81		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name d-CON Ready Mixed Baitbits		Product 2 Name	
	Exposed to concentrate prior to dilution? No		Exposed to concentrate prior to dilution?	
	Formulation solid		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

REVIEWED FOR 6(a)2

DATE: 7-27-13 INITIALS: AK

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

White, Vicki Jun 10 2013 12:45PM

Warm transfer

Hx Caller states she put 2 containers of product in her home sometime 2-3 months ago. She put the extra trays away in a bag inside a cabinet under the sink where they remain. 2-1/2 wks ago she developed diarrhea, and bleeding from her rectum. Husband has same sx's but less severe. 3 yo daughter has diarrhea. Children who at school are asx. Caller denies anyone has had contact with the product. These sx's only occur when they eat in the kitchen, not when they eat in the dining room. She has seen her doctor and is waiting for test results. She is calling to ask if the presence of the product caused these sx's, or what else might have caused it, if the mice can track it around or make them sick.

A This product needs to be ingested in order to work. Inhalation and dermal exposures are ineffective. If the bleeding was caused by this, there would be bleeding elsewhere also. You doctor can do a PT to determine if you've been effected by it, but it seems very unlikely. Mice and rats can spread some illnesses, but the only way they can transmit this product to you is by eating the mouse. I do not believe your sx's are related to this product. If any new or unexpected symptoms develop, call us 24/7 and refer to your case number so we can advise of further treatment. Your doctor can also call with any questions. Gave case #.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: Adult (20-64 years) Sex: Female Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? UNK	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: >3 months	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse effects Gastrointestinal-Blood per rectum Gastrointestinal-Diarrhea	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # 1183572-1

Personal privacy information

- 005

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1183572-2
	Address [REDACTED] Brooklyn, NY 11230 USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Brooklyn, NY USA 02/10/2013	Date registrant became aware of incident. 06/10/2013	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 3282-81		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name d-CON Ready Mixed Baitbits		Product 2 Name	
	Exposed to concentrate prior to dilution? No		Exposed to concentrate prior to dilution?	
	Formulation solid		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes	<p align="right">REVIEWED FOR 6(a)2 DATE: 7-27-13 INITIALS: AK</p>		

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: Adult (20-64 years) Sex: Male Occupation (if relevant): NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: >3 months	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). None	List signs/symptoms/adverse effects Gastrointestinal-Blood per rectum Gastrointestinal-Diarrhea		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # 1183572-2